Please submit the following documents to the Admissions Department:

1. Completed Harrow Beijing Application Form.

2. Completed Confidential Student Reference Form (this must be completed by a teacher at your child's full-time school, and not by a private tutor or training school. Please ask the teacher to scan and email the completed reference to reference@harrowbeijing.cn. Note that a reference is not required for children not already enrolled in full-time education.

3. Copies of the student's school reports, covering the past two years of study.

4. Copy of the student's passport photo/information page.

5. Copies of both parents' passport photo/information page.

6. One recent passport-style photograph of the student.

7. Non-refundable Application Fee of RMB 3,500. Please send proof of payment detailing the student’s name and year group of application. The application will not be considered complete unless all document are submitted and this payment has been made.

For international families only:

- Copies of the every family member’s passport visa/permit page.

---

Account Details (RMB payment only)

Bank name: Heng Seng Bank Beijing Branch 恒生银行（中国）有限公司北京分行
Account name: Harrow International School Beijing 北京哈罗英国学校
Account number: 531031680020

Completed documents should be sent to the following:

Main Campus
Address: Admissions Office, Harrow Beijing, No. 287, Hegezhuang Village, Cuigezhuang County, Chao Yang District, Beijing, China 100102.
Telephone: +86-10-6444-8900
Email: admissions@harrowbeijing.cn

City Campus
Address: No.5, 4th Block, Anzhen Xili, Chao Yang District, Beijing, China, 100029.
Telephone: +86-10-6444-8100
Email: cityadmissions@harrowbeijing.cn
Harrow Beijing
Application for Admission

Child’s Full Name
(As it appears in the Passport)

Date of Birth
Day
Month
Year
Gender M F

Nationality

Home Address

Family Name
(As it appears in the Passport)

Given Name

Preferred Name

School Bus required (Only available for students from Reception to Year 13)

5-Day Residential Accommodation required (Only available for students from Year 6 to Year 13)

For Pre-Nursery students only, please indicate your preferred attendance option:

Full Day

Half Day

Parent/Guardian Information

Father/Guardian 1

Full Name

Family Name

Given Name

Nationality

Employer

Position

Mobile

Email

Mother/Guardian 2

Family Name

Given Name

Employer

Position

Mobile

Email

Please indicate to whom we should we send payment invoices:

Father

Mother

FOR ADMISSIONS USE ONLY

Sibling

LS PS TS

iSAMS

Offer

Roll

Invoice

Medical Form

School Reports

Reference Form

Student’s Passport

Parents’ Passports

School Agreement
### Student's Academic Background

<table>
<thead>
<tr>
<th>School Name</th>
<th>Location</th>
<th>Dates Attended (in date order)</th>
<th>Year Groups</th>
<th>Language of Instruction</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Has your child ever been placed out of his/her standard age year group?  
**Y** **N**

*If yes, please give details.*

Has your child ever attended special classes or received any special awards because of an exceptional talent?  
**Y** **N**

*If yes, please give details.*

Is your child undertaking any additional external examinations, or have they ever done so in the past?  
**Y** **N**

*If yes, please give details.*

Has your child ever been seen by an Educational Psychologist, Psychiatrist or other Specialist for any learning, social, emotional or behavioural issues?  
**Y** **N**

*If yes, please give full details and include all relevant documentation with this application if needed*

### Family's Language Profile

<table>
<thead>
<tr>
<th>Child's First Language</th>
<th>Other Languages</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Mother's First Language</th>
<th>Other Languages</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Father's First Language</th>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

How long has your child been learning English?  

If your child currently learns another language at school, please give details here:  

<table>
<thead>
<tr>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Sibling’s Name(s)</td>
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</tbody>
</table>

Why have you chosen Harrow Beijing for your child?

Where did you first hear about Harrow Beijing?

- [ ] Friend/Family member
- [ ] Website
- [ ] Harrow Parent
- [ ] Harrow Wechat
- [ ] Harrow Staff
- [ ] Saturday/Summer School
- [ ] Event
  - please specify
- [ ] Magazine
  - please specify
- [ ] Other
  - please specify

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**Hegezhuang Campus**
No. 287 Hegezhuang Village, Cuigezhuang County, Chaoyang District, Beijing, China

**City Campus**
No. 5, Block 4, Anzhen Xili, Chaoyang District, Beijing, China

+86 10 6444 8900 | admissions@harrowbeijing.cn | www.harrowbeijing.cn
Your child will undertake an annual health check at Harrow Beijing. To help us prepare for that health check, please provide an accurate reflection of your child’s current health situation. The more information you can provide will help us to support any specific needs which are present. Where there is not enough space for a detailed response, please use additional paper to provide full details if necessary.

### Child’s Full Name
(As it appears in the Passport)  
<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Preferred Name</th>
</tr>
</thead>
</table>

### Date of Birth
<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

#### Q1 Does your child have any medical condition or disability?

Please provide full information and provide a copy of all related documents.

#### Q2 Does your child take any regular medication?

If yes, please specify which medication is taken, why it is used, and how often it’s taken.

#### Q3 Does your child have any known allergies?

If yes, what is the cause of the allergy? Please describe the reaction and what is done to manage it.

#### Q4 Does your child have any special dietary requirements?

If yes, please specify.

#### Q5 Does your child wear glasses or contact lenses?

If yes, please give details about when they are worn and for what reason.

#### Q6 Has your child ever required the services of an Educational Psychologist, Paediatrician, Mental Health specialist, Language or Speech Therapist, or an Occupational Therapist?

If yes, please give full details and provide a copy of all related documents.

#### Q7 Has your child ever had an Individual Education Plan/Statement?

If yes, please give full details and provide a copy of all related documents.
Q8 Please tick any problems your child has currently or previously had, providing full details in the space provided where necessary:

- Asthma
- Anaemia
- Arthritis
- Behavioural and Emotional
- Cancer
- Diabetes
- Eczema
- Heart Issues
- Hospitalised
- Lung Disease
- Seizures
- Speech/Hearing Difficulties
- Operations
- Other

Q9 Please tick any contagious disease your child has previously had (if any). Please include the age they occurred where appropriate:

- Chicken Pox
- Diptheria
- Mumps
- Pneumonia
- German Measles
- Poliomyelitis
- Scarlet Fever
- Measles
- Whooping Cough
- Hand, Foot & Mouth
- Other

Q10 During day-to-day care, if your child complains of minor pain or illness while at school, would you be willing for the school nurse to administer medicines from the school’s safe medicine list, in accordance with the school policy?  

Y  N  

Note: If prescribed medication is to be administered while your child is at school, the parental agreement form to administer prescribed medication should be obtained from the school clinic and returned to the clinic staff along with the medication.

Q11 Is there anything else that we should know about your child’s health and wellbeing?  

Y  N

---

**Student Immunisation Record**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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<tbody>
<tr>
<td>Diphtheria Tetanus, Pertussis (DTaP)</td>
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<tr>
<td>Rotavirus</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Hepatitis B</td>
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<td></td>
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<tr>
<td>Japanese Encephalitis</td>
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<tr>
<td>Meningitis A</td>
<td></td>
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<tr>
<td>Measles, Mumps and Rubella (MMR)</td>
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<tr>
<td>Measles and Rubella</td>
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<tr>
<td>Haemophilus Influenza Type B (HIB)</td>
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<tr>
<td>Inactivated Polio Virus (IPV)</td>
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<tr>
<td>Tetanus and Diptheria (TD_)</td>
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<tr>
<td>Meningitis A and C</td>
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<tr>
<td>Tuberculosis (BCG)</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
Harrow Beijing
Parent/Guardian Declaration

1. 本人确认，本人为该学生的家长或监护人。
2. 本人授权亚洲国际学校有限公司、其下属/关联公司（“集团”）及其附属学校（“学校”）使用、核对和处理本人及本人子女在本教育咨询表中所登记的资料。
3. 本人授权集团及学校使用本人及本人子女出席集团和/或学校举办的研讨会或活动所拍摄的相关照片或图像于其宣传资料当中。
4. 本人知悉，一旦成功申请并入学，只要本人子女仍是学校学生，则本人及本人子女的资料将成为学生档案的一部分，且可能用于符合相关法规规章所规定的各种用途及随后的手续。
5. 本人声明，本申请表中所提供的信息准确完整。本人知悉，若提供任何不实信息将导致申请资格被取消。

I understand that this application does not guarantee my son/daughter a place at Harrow Beijing. I also understand that this application will not be considered until all supporting documentation has been provided and the non-refundable Application Fee has been paid.

I/We wish my/our son/daughter ________________________________ to be considered for entry to Harrow Beijing starting from __________ (month) __________ (year).

Signature of Parent(s)/Guardian

Date (dd/mm/yy)

For the student who is holding Chinese passport, please fill in the following information in Chinese.

学生户籍所在地 市 区

父亲户籍所在地 市 区

母亲户籍所在地 市 区

6到14岁学生，请注明学籍所在学校名称

本人同意上述拟议使用本人/本人子女的个人资料作推广用途。

I agree to the proposed use of my/ my child’s personal data in marketing.

声明

1. 本人确认，本人为该学生的家长或监护人。
2. 本人授权亚洲国际学校有限公司、其下属/关联公司（“集团”）及其附属学校（“学校”）使用、核对和处理本人及本人子女在本教育咨询表中所登记的资料。
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母亲户籍所在地 市 区

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本人同意上述拟议使用本人/本人子女的个人资料作推广用途。

I agree to the proposed use of my/ my child’s personal data in marketing.
The family of the student detailed below has recently enquired about a place at our school. Please provide the information requested and send the completed form directly to our Admissions Office (reference@harrowbeijing.cn). Where details are not completed in full, one of the Admissions team will contact you before we proceed further with this student’s application. When sending the form by email, please include the student’s name and date of birth (i.e. “REFERENCE FOR YUXING GAO (29/11/2004)"

This form should only be completed by a teacher at the student’s full-time school and not by a training school or private tutor.

Child’s Full Name
(As it appears in the Passport)

Family Name

Given Name

Preferred Name

Current Year/Grade

Date of Birth

Day

Month

Year

For Completion By The Full-time Teacher

Your Full Name
(please print)

Your Phone Number

Your School’s Full Name

Your School’s Address

Your School’s Phone Number

Your School Email Address
(or personal email if no school email available)

Number of days the student has attended during the current academic year

Number of days the student has been absent during the current academic year

Please state how long you have known this student

Performance

Please tick to the right of each skill to indicate whether the student has a weakness or strength, or whether they are at the appropriate level for according to their age:

*Important: Please ensure that your school’s stamp/chop is placed over this table.

Below expected level

At expected level

Above expected level

Excellent

Overall academic ability

Use of English
- Writing
- Speaking
- Reading

Mathematical Ability

Academic motivation

Study habits/organizational ability

Ability to work independently

Self-discipline

Perseverance

Reaction to criticism

General behaviour

Ability to get along with others

Poiteness

Leadership

Self-confidence

Warmth of personality

Sense of humour

Maturity
Please answer the questions below fully and continue on a separate sheet of paper if necessary. Where possible, please provide specific anecdotal support for your views. Also, please include any recommendations you may have on the student’s placement or curriculum.

Q1 Please describe the student’s character and interests.


Q2 Does the student require any learning/emotional support?


Q3 How does the student interact with peers and adults?


Q4 Does the student have the ability to focus on individual tasks? Please give an example of approximately how long they can focus?


Q5 Please describe the student’s extra-curricular interests and strengths.


Q6 Do the parents of this student demonstrate a realistic understanding of his/her academic ability and skills?


Q7 Are there any safeguarding concerns we should be aware of for this student?


Q8 Please add any additional comments which you think are relevant here:
The information provided on this reference form is accurate and to the best of my knowledge no information has been withheld. I understand that failure to disclose relevant information may lead to the withdrawal of an offer or admission of the student to Harrow Beijing.

Student’s Full Name

Teacher’s Signature

Position held within the school

Date (dd/mm/yy)